

No. C 165259

Due no later than February 28, 2009  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

EMULATE NATURAL CARE INC  
6568 W AUTUMNWOOD ST STE 2  
BOISE, ID 83714JULIE BEAMAN  
6568 W AUTUMNWOOD ST STE 2  
BOISE, ID 83714NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u>         | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|---------------------|-------------------------------|-------------|--------------|------------|
| President          | Julie Beaman Staats | 6568 W. Autumnwood St,        | Boise       | ID           | 83714      |
| Secretary          | Bob Staats          | " " " " "                     | " "         | " "          | " "        |

5. Organized Under the Laws of:

IDAHO  
C 165259

6.

Signature

Name (Typed or Printed)

Julie Beaman Staats  
Julie Beaman Staats

Date

Title

1-15-09

President